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ROBERTS MLOTKOWSKI SAFRAN & COLE, P.C.  P. O. BOX 10064  MCLEAN, VA 22102-8064  APPLICATION NO.  PLING DATE  APPLICATION NO.  PLING DATE  APPLICATION NO.  PLING DATE  APPLICATION MAGING SYSTEM AND BUSINESS METHODOLOGY  APPLICATION MAGING	CURRENT CORRESPONI	Fee	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION 10/627,305 07/25/2003 Hubin Jiang 11065 5097  TITLE OF INVENTION: IMAGING SYSTEM AND BUSINESS METHODOLOGY  APPLN TYPE SMALL ENTITY INSUEFEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DID nonprovisional YES 5720 \$300 \$0 \$1020 08/06/20  EXAMINER ART UNIT CLASS-SUBCLASS  SAFAIPOUR, HOUSHANG 2625 358-403000  Change of correspondence address or indication of "Fee Address" (37 Change of correspondence address or indication of "Fee Address" (37 Change of correspondence address or indication of "Fee Address" (37 Change of correspondence address from PTO/SB/122) attached.  The Address "indication (or "Fee Address" findication from PTO/SB/122) attached.  The Address "indication for "Fee Address" findication from PTO/SB/122) attached.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee date will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form in NT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  HUB IN JIANG  Rease check the appropriate assignee category or categories (will not be printed on the patent): Diadvitual Corporation or other private group entity Great Falls, VA  Lease check the appropriate assignee category or categories (will not be printed on the patent): Diadvitual Corporation or other private group entity Great Falls, VA  Lease check the appropriate assignee category or categories (will not be printed on the patent): Diadvitual Corporation or other private group entity Great Falls, VA  Lease check the appropriate assignee category or categories (will not be printed on the patent): Diadvitual Corporation or other private group entity Great Falls, VA  Lease check the appropriate assignee transport of the assignee or other private group entity of the assignee or other private group entity of the patent of t								(Depositor's name
Hubin Jiang 11065 5097  TITLE OF INVENTION: IMAGING SYSTEM AND BUSINESS METHODOLOGY  APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DI nonprovisional YES \$720 \$300 \$0 \$1020 08/06/20  EXAMINER ART UNIT CLASS-SUBCLASS  SAFAIPOUR, HOUSHANG 2625 358-403000  Change of correspondence address or indication of "Fee Address" (37 ER 1.363).  Change of correspondence address or indication for "Fee Address" (37 ER 1.363).  Change of correspondence address or indication for "Fee Address" (37 ER 1.363).  Change of correspondence address or indication for "Fee Address" (37 ER 1.363).  Change of correspondence address or indication for "Fee Address" (37 ER 1.363).  Change of correspondence address or indication for "Fee Address" (37 ER 1.363).  Change of correspondence address or indication for "Fee Address" (37 ER 1.363).  Change of correspondence address or indication form								(Signature
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EXAMINER  ART UNIT  CLASS-SUBCLASS  SAFAIPOUR, HOUSHANG  2625  358-403000  Change of correspondence address or indication of "Fee Address" (37 FR 1363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Use of a Customer  PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer  Number is required.  Change of Correspondence address (or Change of Correspondence Address form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer  Number is required.  Change of Correspondence address or indication form pTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer  Number is required.  Change in Set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  HUBIN JIANG  Great Falls, VA  Lease check the appropriate assignee category or categories (will not be printed on the patent):  Manual patent of the patent. If an assignmee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  HUBIN JIANG  Great Falls, VA  Lease check the appropriate assignee category or categories (will not be printed on the patent):  Manual patent in the pa	nonprovisional	YES	<u> </u>	\$300				08/06/2008
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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  HUBIN JIANG  Great Falls, VA  ease check the appropriate assignee category or categories (will not be printed on the patent):  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  3 A check is enclosed.  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  4c) Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  4c) Payment by credit card. Form PTO-2038 is attached.  4d. Payment of Fee (s): (Please first reapply any previously paid issue fee shown above)  4d. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  4d. Payment of Fee (s): (Please first reapply any previously paid issue fee shown above)  4d. Payment of Fee (s): (Please first reapply any previously paid issue fee shown above)  4d. Payment of Fee (s): (Please first reapply any previously paid issue fee shown above)  4d. Payment of Fee (s): (Please first reapply any previously paid issue fee shown above)  4d. Payment of Fee (s): (Please first reapply any previously paid issue fee shown above)  4d. Payment of Fee (s): (Please first reapply any previously paid issue fee shown above)  4d. Payment of Fee (s): (Please first reapply any previously pa					stant front page lie			
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HUBIN JIANG  Great Falls, VA  ease check the appropriate assignee category or categories (will not be printed on the patent):  Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit is overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, a registered attorney or agent; or the assignee or other terest as shown by the records of the United States Patent and Trademark Office.  Authorized Signature  Michael J. Mlotkowski  Registration No.  August 4, 2008  33,020	PLEASE NOTE: Un recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee	data will appear on the pa T a substitute for filing an a	tent. If an assigned			ocument has been filed fo
lease check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Gov.  1. The following fee(s) are submitted:  2. A check is enclosed.  2. Publication Fee (No small entity discount permitted)  3. A check is enclosed.  4. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  4. A check is enclosed.  4. Payment by credit card. Form PTO-2038 is attached.  4. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit is overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to Deposit Account Number 502478 (enclose an extra copy of this overpayment, to	•		, ,					
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Solution States   Signature   A check is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Payment by credit card. Form PT	ease check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🖵 Co	rporatio	on or other private gro	up entity 🔲 Governmen
overpayment, to Deposit Account Number 502478 (enclose an extra copy of this Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  OTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other terest as shown by the records of the United States Patent and Trademark Office.  Authorized Signature  Michael J. Mlotkowski  Registration No.  33,020  Date Registration No.  Typed or printed name  Michael J. Mlotkowski  Registration No.	Issue Fee  Publication Fee (№	No small entity discount p	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any.					
OTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other terest as shown by the records of the United States Patent and Trademark Office.  Authorized Signature		*	· · · · · · · · · · · · · · · · · · ·					
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n application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparabmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to consider the suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commercial Commence of the American Commence of the	his collection of inform	ation is required by 37 C	FR 1.311. The informatio	n is required to obtain or re	tain a benefit by th	e public	c which is to file (and to complete, including	by the USPTO to process

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OMB 0651-0033

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